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Form FS-192
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AMERICAN FOREIGN SERVICE - FINAL

REPORT OF THE DEATH OF AN AMERICAN CITIZEN

American Consulate General, Hong Kong, B.C.C., October 10, 1973.
(Place and date)

Name in full Bruce Lee Occupation Film Actor

Native ~~or naturalized~~ Born at California on Nov. 27, 1940 Last known address in the United States 2551 Roscomare Rd., Los Angeles, Calif. 90024

Date of death July (Month) 20 (Day) 2300 (Hour) 30 (Minute) 1973 (Year) Age 32 yrs. & 8 months (As nearly as can be ascertained)

Place of death Queen Elizabeth Hospital (Number and street) or (Hospital or hotel), Kowloon (City), Hong Kong, B.C.C. (Country)

Cause of death Acute cerebral oedema due to hypersensitivities. Death by misadventure (Unanimous) as (Include authority for statement) evidenced by Entry No. 2543KPR in the Register of Deaths in the Colony of Hong Kong.

Disposition of the remains Embalmed and shipped on July 26, 1973 by air to Butterworth Mortuary, 300 East Pine St., Seattle, Washington, U.S.A.

Local law as to disinterring remains N/A

Disposition of the effects In possession of the widow, Mrs. Linda Lee.

Person or official responsible for custody of effects and accounting therefor In custody of Mrs. Linda Lee.

Informed by telegram:

NAME	ADDRESS	RELATIONSHIP	DATE SENT
nil			

Copy of this report sent to:

NAME	ADDRESS	RELATIONSHIP	DATE SENT
Mrs. Linda Lee	41 Cumberland Rd., Kowloon Tong, Kowloon	widow	10/10/73

~~Traveling~~ or residing abroad with relatives ~~or friends~~ as follows:

NAME	ADDRESS	RELATIONSHIP
Mrs. Linda Lee & 2 minor children	41 Cumberland Rd., Kowloon Tong, Kowloon	wife & children

Other known relatives (not given above):

NAME	ADDRESS	RELATIONSHIP

This information ~~and data concerning an inventory of the effects, accounts, etc. to date~~ has been placed under File ~~230~~ PS 9 in the correspondence of this office.

Remarks: U.S. Passport No. A010095 issued at Los Angeles on Jan. 27, 1970, cancelled and returned to Mrs. Linda Lee. A copy of Hong Kong Death Certificate can be obtained by writing to the Births & Deaths Registry, Registrar General's Department, Hong Kong, referring to Entry No. (Continue on reverse if necessary.)

Harold T. Christie
Harold T. Christie (Signature on all copies)
Consul of the United States of America.

[SEAL]
No fee prescribed.

LEE, Bruce

C 1/61

AU. 4566
1/42

DEPARTMENT OF SCIENTIFIC AND INDUSTRIAL RESEARCH

CHEMISTRY DIVISION

Telephone 699199
Telegrams CHEMDIV, Petone

Private Bag,
Petone, New Zealand

31 August 1973

Dr R.R. Lycette,
Clinical Pathology Unit,
Queen Elizabeth Hospital,
Kowloon,
HONGKONG

Bruce LEE

Samples of blood and urine from the above deceased were received from you on 20 August 1973 for analysis for the presence of cannabis substances.

No detectable amounts of tetrahydro-cannabinol (THC) or cannabinol (CBN), the principal ingredients of cannabis, were detected in the blood.

I enclose a letter from Mr H.M. Stone, elaborating some detail of the analytical method for cannabis in blood.

(A.J. Ellis)
Director

...Encl.

IN THE CORONER'S COURT
AT TsimShaTsui
EXHIBIT NO. 62B
DEATH ENQUIRY NO. 661/73(4)

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Summary

Congestion and oedema of the brain (i.e. excess fluid accumulation), were the immediate cause of death.

The congestion of the lungs and other organs is strongly suggestive of the brain oedema first stopping respiratory function, while the heart continued to pump blood into the body's arteries, which were dilating because of lack of oxygen. The oedema finally caused failure of cardiac centres in the brain and stopped the heart.

The congestion of the rectum is unusual and I am unable to specifically account for this. Because of this unusual appearance I suggested that the Government Analyst exclude the drug cantharidine. However it may simply represent a post mortem change.

The degree of coronary disease is insufficient to account for death (see appendix, biochemical analysis).

Acute cerebral oedema, i.e. a certain rise of intracranial pressure can cause death, but the post-mortem morphological findings provide no definite evidence as to the cause of the cerebral oedema.

It is possible that the oedema is the result of some drug intoxication.

The Commission further concludes, "Cannabis apparently produces acute physiological effects of little general consequence: heart rate is increased, salivation and skin temperature decreased, and there is often a slight reddening of the eyes. Few other short-term effects have been reliably detected. It has been suggested that chronic heavy use may have adverse effects on respiratory, cardiovascular, gastrointestinal, liver and neurological function, but such potential effects have not been documented in systematic controlled studies. Not one well-controlled study of chronic or sub-chronic cannabis use in humans has demonstrated any major chronic problems caused by cannabis. Cannabis has not been shown to be lethal in humans." (Ibid, p. 306,307)

CONCLUSIONS

On the basis of my professional experience with cannabis as substantiated by the most authoritative and up-to-date reports in the world medical literature, I therefore conclude that there is no scientific basis for relating Mr. Lee's death to the cannabinoids which were detected in his stomach and small intestine.

I hope that this statement of my impressions as an investigator and a clinician and my review of the cannabis literature will prove helpful to you. Please feel free to call upon me if I can be of further assistance.

Sincerely,

Ira M Frank MD

IRA M. FRANK, M.D.
Assistant Research Psychiatrist

IN THE CORONER'S COURT
ALBERTA
EXHIBIT NO. 6
DEATH ENQUIRY NO. 66/236

13th August, 1973.

Attention Captain Stahl,
Medical Corps US Navy,
Armed Forces Institute of Pathology,

Dear Sir,

Dr. Graham Roberts, previously of your Institute; has referred me to you, for help with the following problem.

On 10.5.73. a male aged 32 years, was found deeply unconscious. The patient was sweating, in deep coma and apnoeic. The blood pressure was below normal. The pupils were very small and unresponsive to light. A diagnosis of raised intracranial pressure was made. After an infusion of urea, he rapidly passed a large amount of urine and recovered conciousness within 45 minutes of the infusion. He had mild nystagmus and minor slurring of speech for the 3 days following. Lumbar puncture 36 hours after the episode showed an initial slight rise in C.S.F. pressure, but this fell rapidly to normal. Other biochemical tests including glucose and urea normal. The patient refused cerebral angiography, but did volunteer the information that he had collapsed almost immediately after chewing cannabis leaf. Routine neurological examination was negative.

On 21.7.73, he was found dead in bed and because of the social circumstances it is difficult to get much detail of this collapse. The postmortem was done on 23.7.73, and revealed some cerebral oedema and congestion of the brain, some congestion and minor oedema of the lungs and rather peculiar submucosal haemorrhages in the rectum. The remaining organs were congested but normal.

The analyst's report is as follows.

" The stomach with contents contained 0.5 mg. ethohepatazine, 5 ug. meprobamate and a trace of salicylic acid.

The blood contained 0.8 mg% of salicylic acid and 0.1 mg% of meprobamate.

The urine contained 35 mg% of salicylic acid.

The liver contained 1.8mg% of salicylic acid, 0.2 mg% of ethohepatazine and 0.5 mg% of meprobamate.

Cannabinoids, the active ingredients of cannabis, were detected in the stomach and the small intestine.

Heavy metals, alcohol, cantharidin, yohimbine, morphine and other common organic drugs were not detected in any of the material submitted."

Culture of a portion of brain for viruses was negative.

The histology of the remaining organs was normal, apart from intense congestion.

The postmortem findings virtually eliminate a natural cause of death, at least any disease which could cause cerebral oedema. Usually the man was exceptionally fitu physically.

Taking in conjunction, the previous history, the toxicology findings, and the postmortem appearances, I believe the most likely cause of death is cannabis intoxication; either due to drug idiosyncracy or massive overdose. Unfortunately we cannot do quantitative examinations.

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ROYAL HONG KONG POLICE FORCE

STATEMENT / REPORT

Report No. KC/MRB/X6548/73 Kowloon City Station.
Name of informant/witness ....Dr. Peter WU Hin-ting..... age adult.... sex male.....
Address ....Room 338, Tung Ying Building, Nathan Road, Kowloon.....
Occupation ....Doctor.....
Nationality and dialect .....
Taken by ..Det. Insp. LAI Yuen-wing..... in .....English..... language
at ..... hours on ....17th August, 1973. at (Place) .....
Interpreter .....

States:— I am as the above stated. I am a doctor. My qualifications are M.B.,B.S. Hons. (H.K.) F.R.C.S. (Eng) M.R.C.P. (Edin.)

2. Mr. Bruce LEE was first seen by me in consultation with Doctor Don Langford in the afternoon of 10th May, 1973 in the Emergency Room of Baptist Hospital where he was admitted in coma.

3. The history was that he was in studio working that morning. He took some spagatti for lunch. Then he was found to have vomited and collapsed in the toilet. He had had a siezure. On admission to Baptist Hospital he was apnoeic with rigidity in all limbs. Examination revealed that the pupils were pin-pointed and nonreactive. Fundi showed marked spasm of vessels. Respitation was periodic. Reflexes were depressed and plantar responses were negative.

4. After resuscitation and Mannitol therapy he gradually regained consciousness. Spontaneous respiration returned. Examination then revealed nystagmus to right and left and rotatory nystagmus was present. Blood culture was done and Haematological examination was carried out.

5. He was then transferred to St. Teresa's Hospital for further treatment. Blood chemistry: Na 154 mEq/L. K 4.8 mEq/L Chloride 97.44 mEq/L. Bicarbonate 20 mEq/L. Urea 92 mg/100 ml.

6. He became fully conscious and well orientated the next day. Nystagmus was still marked. Lumbar puncture was performed. Pressure 100 mm c.s.f. Fluid was clear and colourless W.B.C. 1/Cu. mm. R.B.C. 2/cu. mm. Protein 15 mg/100 ml. Sugar 73 mg/100 ml. Chloride 118 mEq/L. V.D.R.L. -ve.

7. Further investigation of bilateral carotid angiography was advised and scheduled for 14th May, 1973.

8. In view of the normal findings in the lumbar puncture Mr. LEE was interviewed along with his wife in his ward on 13th May, 1973 when he told me that he had taken a piece of Cannabis leaf before the onset of illness in studio on 10th May, 1973.

9. Mr. LEE requested to be discharged on the 13th May, 1973. He refused to take other ~~kinds of~~ tests and ~~he~~ revealed that he would be leaving for the U.S.A. in a couple of weeks' time. He stated that he would have the test in the U.S.A.

10. My clinical diagnosis on Mr LEE were (1) Cerebral oedema, and (2) Poisoning by Cannabis suspected.

11. The above statements have been read by me and they are the truth to the best of my knowledge.

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The following report concerns the post-mortem examination of Bruce Lee and includes certain other tests. The post mortem was witnessed by Drs. I. Filshie and K.T. Tham, and the microscopic sections were studied in collaboration with Dr. T.B. Teoh, Consultant Pathologist, i/c.

I take full responsibility for all the statements made and for the conclusions drawn.

The body of Bruce Lee was directly identified to me by his brother, Mr. Peter Lee. This identification was at the mortuary of the Queen Elizabeth Hospital, on 23rd July, 1973, at about 2.30 p.m.

Post Mortem and Tissue Report

The body is that of a well-built Chinese male of about 30 years of age and is 172 cm in length.

There are no external signs of injury. There is a small surgical incision on the inner aspect of the left ankle. There is a needle puncture mark on the front of the left chest, 5 cm from the mid-line and 11 cm vertically from the sternal notch. There is an old and healed linear scar (10 cm) situated in the right groin.

There are no recent or old needle marks, or unusual scars on the arms.

Central Nervous System

The scalp is free of bruising and the skull shows no evidence of fracture or injury, either recent, or old.

The brain shows a moderate degree of congestion of the surface vessels. The brain is very tense beneath the covering dura. The brain weighs 1,575 grams (normal for male up to 1,400 grams), and shows some tonsillar coning, but little uncinate groving - the former is evidence of brain swelling. The cerebral arteries are virtually free of atherosclerosis and have a normal pattern of distribution. A careful search of all vessels fails to reveal any evidence of aneurysm.

K K Pycatte

IN THE CORONER'S COURT
AT ISLAND WAY
EXHIBIT NO C: 9
DEATH ENQUIRY NO. 66/73(K)

9. All the test we have carried out suggest that Bruce LEE has a swollen brain. When he was in our hospital, we gave him a kind of drug call "Urea" (the chemical name is mannitol) with 20% solution in 500 cc. of water. This drug "Urea" is used to ~~cure~~ reduce the swelling in the brain. Bruce responsed to this drug very well and it indicated that our dynosis at that time was right. We did not give Bruce this kind of dose after he was discharged. We also did not give him any other pills to take.

10. We have warned Bruce LEE of the danger. We therefore suggested him to have other kind of tests but he refused saying that he would leave for the State after two weeks time. He told us that he would carry out the tests in the State. He later left for State, and when he returned he told me that he had the tests already. But I did not see any medical writings or documents to support what he has said.

I personally believe he had not had the tests above

11. Bruce LEE did not tell me he took other kinds of pills except vitamins.

12. Bruce left the ~~St. Teresa~~ Baptist Hospital on the 14/5/1973. Our findings on Bruce when he was discharged from Baptist Hospital was "Cerebral edema - cause unknown and possible intracranial ~~internal~~ bleeding".

13. Dr. Peter WU's clinic is at the Tung Ying Building. His ~~home's~~ telephone number is 5-245956 and his clinic's telephone number is 3-680716.

The above statements have been read to me and they are the truth to the best of my knowledge.

Q Can you tell whose idea was it to transfer Bruce from Baptist Hospital to St. Teresa Hospital?

A. Because our hospital had no bed empty beds at the time, so we called the St. Teresa Hospital & arranged for Bruce to be transfered.

The above statements have been read to me & they are the truth to the best of my knowledge.

Dr. Tang

AU 4566
1/42

DEPARTMENT OF SCIENTIFIC AND INDUSTRIAL RESEARCH

CHEMISTRY DIVISION

Telephone 699 199
Telegrams CHEMDIV, Petone

Private Bag,
Petone, New Zealand

31 August 1973

Dr R.R. Lycette,
Clinical Pathology Unit,
Queen Elizabeth Hospital,
Kowloon,
HONGKONG

Dear Dr Lycette,

This letter is to explain the significance of the findings in the case, Bruce LEE.

The method is capable of detecting the principal unchanged cannabis substances, cannabinol (CBN) and tetrahydrocannabinol (THC) from biological samples. The hydroxy metabolites of THC (i.e. 8-hydroxy and 8,11 dehydroxy derivatives) cannot be detected by our method since the phosphate ester derivatives that are formed are not sufficiently volatile to pass through a gas chromatographic column.

I am sending separately, copies of articles describing the method, as submitted for publication.

If Bruce Lee had been under the influence of cannabis at death we would have expected to find high levels of CBN (ca 100-200 ng/ml) and appreciable levels of THC (ca. 10-20 ng/ml). We would expect to be able to detect CBN and THC down to about 2 ng/ml, and this level of THC has been found in blood taken several hours after smoking a single reefer containing 8 mg THC of which perhaps 2 mg would be absorbed.

In our opinion it is unlikely that CBN or THC would disappear from the blood during storage.

Doses of the order of 25-50 mg/kg, about 1000 times the normal social dose in humans, are commonly given to animals in controlled experiments. It would be expected that a fatal dose would be in excess of 50 mg/kg.

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In view of the fact that no CBN and THC were detected, I consider that it is unlikely that Bruce LEE died from an overdose of cannabis alone.

Yours sincerely,

(H.M. Stone)

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Tissues from both kidneys were examined microscopically and the sole abnormal feature is the intense congestion of the kidney vessels of all sizes. The glomeruli are particularly congested and the capillary loops are engorged with blood. The prostate shows congestion of a lesser degree and is otherwise normal.

BIRTHS AND DEATHS REGISTRY, HONG KONG
香港生死註冊處

CERTIFIED COPY OF AN ENTRY IN A REGISTER OF DEATHS KEPT
IN TERMS OF THE BIRTHS AND DEATHS REGISTRATION ORDINANCE
經證生死註冊條例規定而設置之死亡登記冊內一項註冊紀錄之認證本

(1) No. 編號	(2) When and where died 死亡日期及地點	(3) Name and surname 姓名	(4) Sex 性別	(5) Age 年齡	(6) Rank, profession or occupation and nationality so far as is known 所知之職銜或職業及國籍	(7) Cause of death 死亡原因	(8) Signature, description and residence of informant 呈報人簽署、住址及署名	(9) When registered 註冊日期	(10) Signature of registrar 註冊員之簽名
543 PR	20th July 1973 Queen Elizabeth Hospital	BRUCE LEE	male	32 yrs	Film Actor American	Acute Cerebral Oedema due to Hypersensitivities Death by Misadventure (unanimous)	Burial Order NO. 1245 issued by C.K.E. TUNG Coroner Kowloon + N.T.	4th September 1973	WU YAN WING

CERTIFIED to be a true copy of an entry in a register of deaths in Hong Kong this 20th day of August 19 92
茲證明此乃本港死亡登記冊內一項註冊紀錄之真實副本 一九 年 月 日

a registrar of births & deaths.
生死註冊員

CERTIFICATE

CAUTION:—Any person who (1) falsifies any of the particulars on this certificate, or (2) uses a falsified certificate as true, knowing it to be false, is liable to prosec
警告：任何人士，如(一)更改本證書內之任何項目或(二)明知證書為偽造但故意視作真實而使用者可有遭受控訴之虞。

No 574152